

Partnerships and Joint Ventures

Business Account Opening

Select your branch preference:

☐ Cranbrook ☐ Elkford ☐ Fernie ☐ Sparwood

We understand that your time is valuable and in order to process your account opening request as quickly and efficiently as possible we ask that you review the instructions outline and provide the information requested on this form. The form can be:

- Completed, saved with your Business name and then forwarded to StellerVista via e-mail with the required documentation to Commercial.Support@ekccu.com
- Completed and printed and then dropped off or mailed with the required documentation
- Forms and info are available at: <https://www.ekccu.com>

StellerVista is member owned; a \$5 personal share deposit is required for each partner.

To open a **Partnership** or **Joint Venture** business account, the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

Note: If the Partnership or Joint Venture includes one or more Corporations, we will require the information in items 2) and 3) below from each corporate partner. Complete additional forms for each corporate partner. We will also require; proof of incorporation and a list of the names of all directors of each corporate partner and Central Securities Registry for each corporate partner.

1) The following information will be required:

- Partnership Agreement
- Statement of Provincial Registration

Plus, if applicable:

- Business Number (BN) (issued by Canada Revenue Agency)

2) Provide us with the following information about your Business:

Business Name:			
Business Address: Mailing Address: Civic Address: City, Postal Code:			
Business Phone Number:			
Web Site/Email address:			
Primary Business Activity: (What goods/services provided?)			
Primary Contact Name:			
Primary Contact Phone#:		Email:	

3) Provide us with the following personal information for each of the account signers; if more than two please add an additional form. Individual signers may provide information separately if they prefer.

	Signer 1	Signer 2
Legal Name: (Must match Primary ID) First Name		
Middle Name	<input type="checkbox"/> No Middle Name	<input type="checkbox"/> No Middle Name
Last Name		
Home Address: Mailing Street City Postal Code		
Birth Date: (mm/dd/yyyy)		
Contact Numbers Home		
Work/Cell		
Email Address		
Occupation		

Access to Online Banking?	Yes No	Yes No
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Operating accounts that are most appropriate for your needs:

Please indicate the account types required:

Chequing	Saving	Investments
<input type="checkbox"/> Strictly Business (operating account) ElectroLink Business	<input type="checkbox"/> Business Savings <input type="checkbox"/> Member Advantage	<input type="checkbox"/> Term Deposits

Access to your accounts

Signatories	ATM	Night Deposit	Cheques
Will accounts be two to sign? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to the account(s) to deposit to the account using a debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expect to use night deposit facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will need to order cheques? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHECKLIST: HAVE YOU SUBMITTED THE FOLLOWING INFORMATION?

- ☐ Partnership Agreement - Mandatory if lending is involved.
- ☐ Statement of Provincial Registration
 - **Plus**, if applicable:
- ☐ Business Number (BN) (issued by Canada Revenue Agency)
- ☐ \$100 cheque made payable to your organizations name
- ☐ Completed and signed Consent form for each director/signer (additional copies [here](#))
- ☐ Two pieces of copied ID for each director/signer (Make copies as necessary)
- ☐ Forms completed in full